

**Implementation Evaluation of the Drug  
Offender Screening, Assessment, and Treatment Initiative:  
Executive Summary**

Presented to the  
Interagency Drug Offender Screening and Assessment Committee

Virginia Department of Criminal Justice Services  
Criminal Justice Research Center

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# **Implementation Evaluation of the Drug Offender Screening, Assessment, and Treatment Initiative: Executive Summary**

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## Overview

In 1998, Virginia's General Assembly passed House Bill 664 and Senate Bill 317 (HB664/SB317) enacting the Drug Offender Screening, Assessment, and Treatment (DSAT) initiative. The DSAT legislation, subsequently amended in 1999, outlined specific substance abuse screening and assessment provisions that became effective for offenses committed on or after January 1, 2000. These provisions, contained in §§ 16.1-273, 18.2-251.01, 19.2-299, and 19.2-299.2 of the *Code of Virginia*, target three offender groups, including juveniles, adult felons, and adult misdemeanants. Because several different types of offenders are subject to the *Code* mandates, the initiative affects staff and clients of numerous agencies, including the Department of Juvenile Justice (DJJ); the Department of Corrections (DOC); local community-based probation and pretrial services programs administered by the Department of Criminal Justice Services (DCJS); the Commission on Virginia Alcohol Safety Action Program (VASAP); and the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS).

### The Screening and Assessment Process

The screening and assessment process is not uniform for all offender groups but, rather, was designed to work within existing court processes. For juveniles adjudicated of any felony, Class 1, or Class 2 misdemeanor violation of the Drug Control Act or for whom the court orders a pre-dispositional investigation, DJJ's court services units (CSUs) are responsible for conducting the screening and assessment. Juvenile offenders adjudicated without a screening or social history ordered receive screening and/or assessment services when beginning probation supervision in the community or prior to their transfer to a juvenile correctional facility. DOC probation and parole districts are responsible for screening and assessing all offenders convicted of a non-capital felony, for whom a pre-sentence investigation report (PSI) is ordered or who is sentenced to state responsible incarceration or to the statewide community-based corrections system. Local offices of VASAP are required to screen and assess adult misdemeanants, unless an offender is ordered to probation supervision. In these instances, local community-based probation (CBP) programs are responsible for screening and assessing those offenders as well as local-responsible felons who receive a sentence including probation supervision. When approved by a locality's chief judge, pretrial services (PTS) programs also conduct screenings and assessments on pretrial defendants as part of the evaluation for pre-trial release.

To promote consistency in the screening and assessment process, participating agencies have established general guidelines for conducting substance abuse screening and assessment, given the parameters of the legislation, and have selected specific standardized screening and assessment instruments to utilize in this process. Juvenile offenders are screened using the Substance Abuse Subtle Screening Instrument (SASSI) and are assessed using the Child and Adolescent Functional Assessment Scale (CAFAS) and the drug/alcohol scale of the Adolescent Problem Severity Index (APSI). Adult offenders are screened using the Simple Screening Instrument (SSI) and are assessed using the Addiction Severity Index (ASI).

The screening instruments are used to determine whether an offender is likely to benefit from a comprehensive substance abuse assessment. If deemed necessary based on the results of the

screening process, an assessment is conducted to provide a more thorough evaluation and establish definitively the presence or absence of a diagnosable substance abuse disorder. Results from the assessment process are used to assist in treatment referral decisions. Scoring overrides on the screening and assessment instruments sometimes occur when staff members use other factors to make a decision contrary to what is indicated by the instrument score alone.

To support screening and assessment activities and to provide a level of “quality assurance”, the General Assembly established specialized staff positions within both DJJ and DOC. Individuals in these positions, known as “certified substance abuse counselors” or “certified substance abuse specialists” (CSACs/SASs), require specialized training and education in the field of substance abuse and must receive certification from the state’s Board of Professional Counselors. In addition, both DJJ and DOC established regional supervisor positions charged with the responsibilities of overseeing the screening and assessment program in their respective regions.

### **Sources of Funding and Legislative Requirements**

The DSAT initiative received funding from two primary sources in addition to existing general and grant funds. The 1999 General Assembly established a funding mechanism for the screening and assessment process in §18.2-251.02 of the *Code of Virginia*. The Drug Offender Assessment Fund (DOAF) consists of monies received from fees imposed on offenders convicted of certain drug charges. Offenders with felony or misdemeanor drug convictions are assessed fees of \$150 and \$75, respectively. The *Code* mandates that all DOAF monies be subject to annual appropriation by the General Assembly to DJJ, DOC, and VASAP for implementing and operating the DSAT initiative. DCJS does not receive an appropriation from this fund. These funds are used primarily to support screening and assessment activities, including drug testing, training activities, hiring of specialized staff, and to offset the cost of the screening and assessment instruments. Additionally, general funds first made available to agencies on July 1, 2000 through the Substance Abuse Reduction Effort (SABRE) provided a substantial source of funding for substance abuse treatment services for drug-involved offenders. A total of approximately \$12.3 million in SABRE funds was distributed to DJJ, DOC, and DCJS during FY 2001 and FY 2002. During the 2002 legislative session, the General Assembly eliminated the SABRE initiative and its funding provisions, resulting in large-scale reductions in monetary support for substance abuse treatment services. This loss of funding, which became effective on July 1, 2002, substantially reduced the ability of agencies to provide substance abuse education and treatment services to offenders being screened and assessed under the DSAT *Code* provisions.

An Interagency Drug Offender Screening and Assessment Committee, established by §2.2-223 to consist of representatives from each agency above as well as the Virginia Criminal Sentencing Commission (VCSC) and the Secretary of Public Safety, has several intended functions, including assisting and monitoring agencies that implement the provisions of the initiative, ensuring quality and consistency in the screening and assessment process, and promoting interagency collaboration. An Interagency Workgroup, composed of designees from the Committee, was also established to provide direct oversight of these tasks.

The *Code of Virginia* language that created the Interagency Committee directed it to implement an evaluation process. In 2000, the Secretary of Public Safety requested that the Department of

Criminal Justice Services' Criminal Justice Research Center conduct this evaluation. The evaluation, planned for two phases, sought to address program implementation (Phase I) followed by an examination of program outcomes (Phase II). This report addresses program implementation only.

### **DSAT Evaluation Design and Findings**

The evaluation methodology incorporated a number of activities to examine implementation of this initiative. Information reported in this document was primarily collected through a combination of interview, survey, and document review activities. Evaluators conducted interviews with Interagency Workgroup members, agency representatives, local program directors, CSACs/SASSs, Commonwealth's attorneys, public defenders, and representatives from local Community Services Boards (CSBs). Evaluation staff also surveyed probation and pretrial officers as well as general district, circuit, and juvenile and domestic relations court judges. Information about agency protocols, local office policies and procedures, funding resources, and workload data was collected through document review activities. Additionally, evaluators observed monthly Interagency Workgroup meetings.

A review of these data revealed several noteworthy findings. The Interagency Workgroup, in collaboration with participating state agencies and local programs, has clearly accomplished many implementation activities to fulfill the mandates outlined in the 1999 legislation. Local programs have reported benefits from DSAT implementation including enhancement of the overall capacity to conduct screenings and assessments; enhanced in-house treatment capacity; improved access to treatment services generally; improved awareness of substance abuse issues on the part of probation staff; provision of improved information for use by the judiciary in court decision-making; and increased identification and supervision of substance-abusing offenders.

Aside from these benefits, however, evaluators also identified several challenges for the continued implementation and administration of DSAT. Recommendations from evaluators to address these issues included:

- Improving collaboration among the state agencies involved in implementation to facilitate decision-making, interagency operations and assistance, and to ensure consistency in the screening and assessment process;
- Establishing a formalized decision-making process, including strengthened directed decision-making at the oversight level;
- Reducing duplication issues within individual agencies, across criminal justice agencies, and between criminal justice agencies and treatment providers;
- Enhancing the availability of training, particularly for attorneys and judges as well as those typically responsible for screening and assessment tasks;
- Improving program models, ensuring that qualified staff positions are available to complete required screening and assessment responsibilities;
- Re-examining the approved screening and assessment instruments;
- Examining program outcomes; and
- Improving data for management and evaluation of DSAT activities.

Additionally, evaluators recommended that the Interagency Committee examine the functional role of both VASAP and pretrial services in this initiative; document the impact of recent budget reductions, including the elimination of SABRE funding; examine alternative, stable funding sources to off-set the impact of these funding losses; and examine the possibility of including additional members on the Interagency Committee, including the Secretary of Health and Human Resources.

A complete review of this project and its findings can be found in the full research report, *Implementation Evaluation of the Drug Offender Screening, Assessment, and Treatment Initiative (2002)*. This report is available upon request from the Department of Criminal Justice Services, Criminal Justice Research Center.



## **Purpose and Methodology**

The purpose of this evaluation was to provide information about the implementation of the DSAT initiative. The evaluation was limited to the time period between July 1999, when the DSAT initiative was first implemented at pilot sites, and the end of June 2002, when data collection was completed. The evaluation methodology incorporated qualitative and quantitative data from a number of different sources which are described below.

### **Interviews of Interagency Workgroup Members and Agency Representatives**

Personal interviews were conducted with Interagency Workgroup members and representatives from participating agencies who provided information about pilot site implementation; development of agency screening and assessment policies and operating procedures; coordination and provision of training to local offices on state and local policies, screening and assessment instruments, and federal confidentiality regulations; development of the model Memorandum of Agreement and contractual relationships between treatment providers and criminal justice agencies; the structure and functioning of the Interagency Workgroup; availability of funding for implementation; and general impressions of DSAT implementation.

### **Surveys and Interviews of Local Program Staff Members**

Personal or phone interviews with local program administrators provided information about the development of local screening and assessment policies and operating procedures; provision of training to local staff; role of CSACs/SASs; nature of contractual relationships with substance abuse service providers in localities; allocation of funding for drug screening, assessment, and treatment activities; and general impressions of DSAT implementation.

In addition, CSACs/SASs, probation, and pretrial staff were asked to provide information about local procedures for conducting screenings and assessments; types of training or instruction received on policies and procedures, screening and assessment instruments, and confidentiality protocols; the utility of the selected screening and assessment instruments; local procedures for reporting substance abuse screening assessment information to court and referring offenders for education and/or treatment services; procedures related to the exchange of information between local programs and service providers; and general impressions of DSAT implementation.

### **Surveys and Interviews of Court Officers**

Phone interviews with Commonwealth's attorneys and public defenders, as well as surveys of general district, circuit, and juvenile and domestic relations court judges were conducted to generally assess awareness of the DSAT initiative; the types of training or instruction received on the DSAT legislation; utility of the screening and assessment information; and general impressions of DSAT implementation.

### **Interviews of Service Providers**

Representatives from CSBs that provide services to local criminal justice programs were contacted by phone to gather information related to their working relationships with these programs, including information about the requirements of contractual agreements; the process of exchanging information; and the coordination and provision of substance abuse assessment, education, and treatment services.

### **Document Review**

To gain a better understanding of the implementation process, evaluators gathered background information on the development of the screening and assessment initiative by reviewing published Interagency Committee reports and related documentation; agency protocols; and monthly data reporting forms from agencies. Evaluators also collected a wide range of information from local programs, including local office screening and assessment policies and operating procedures; informed consent forms; as well as copies of treatment progress reports and discharge summaries from treatment providers, Memoranda of Agreement and Fee-for-Service Agreements, reports submitted to court, and court referrals used to request screenings and assessments.

### **Review of Budget Information**

Information from the Department of Accounts and the Supreme Court of Virginia was reviewed by evaluators to gain a better understanding of the process of collecting and allocating DOAF revenues. Additionally, state budget documents were reviewed to document SABRE funding appropriations to each agency. Agency representatives were asked to document agency-specific allocations and utilization of these funds.

## Conclusions

The conclusions presented below summarize information about both accomplishments and on-going challenges facing the DSAT initiative.

### Accomplishments

The Interagency Committee, Interagency Workgroup, and participating state agencies spent much time and effort in the planning stages. Activities included the selection of standardized screening and assessment instruments for both juvenile and adult offenders; development of agency screening and assessment policies and procedures; statewide training on the initiative, the instruments, and federal confidentiality regulations; pilot implementation in 36 programs; development of a confidentiality protocol and informed consent form; development of a model Memorandum of Agreement and Qualified Services Agreement; development of a monthly reporting form; and initiation of an evaluation process.

The subsequent process of full implementation also required substantial effort from all participating agencies and many accomplishments were achieved. Formalized screening and assessment procedures were enacted by local programs and many localities also hired full-time CSACs/SASs to oversee the local screening, assessment and treatment process. These positions reportedly provided good direction and consistency to the offices' activities and were generally viewed as a good organizational model to adopt. In addition, the number of staff with specialized substance abuse training has increased markedly, which may have provided supplementary benefits such as overall capacity to conduct screenings and assessments, enhanced supervision capabilities for offenders with substance abuse issues, and an enhanced awareness of substance abuse issues.

Criminal justice agencies also reported that they are identifying more substance-abusing offenders when compared to the number identified prior to DSAT implementation. Consequently, some local programs have also enhanced their in-house treatment capacities for substance abuse services. The DSAT initiative was also credited with improving the overall availability of treatment services, although this benefit has been seriously compromised by the loss of SABRE and other funding resources. Finally, both judges and agencies noted that DSAT activities have resulted in the provision of improved information for use by the judiciary in court decision-making.

### Challenges

Given the breadth of the DSAT initiative, there are many challenges facing the agencies involved in implementation. Perhaps the greatest challenge appears to be collaboration between the many agencies involved in implementation, both at the state and local level. Given its expansive scope, the initiative requires cooperation across five state agencies and two secretariats at the state level, as well as cooperation with numerous local programs. Further, although the *Code* established an Interagency Committee to guide the initiative's activities, Committee members have designated many responsibilities to an Interagency Workgroup. Although the Interagency Workgroup meets regularly to discuss issues that are relevant to the initiative's progress, reports

suggest that Committee members generally have little on-going involvement in DSAT activities and are not routinely apprised of DSAT issues. Additionally, because Workgroup members also may not have the direct authority to enforce decisions at the agency level, Committee members' current lack of involvement in decision-making may be an impediment to effective statewide implementation.

Collaboration difficulties are also evident in the observation that state agencies are making modifications to their protocols without consideration by Workgroup members. Such actions undermine the *Code*-mandated function of the Committee to "ensure quality and consistency in the screening and assessment process." Other issues, such as differing opinions on the versions of instruments that are approved for use, the enforcement power of the model Memorandum of Agreement, and reports of duplicative assessments, noted by the majority of local programs and the CSBs, also suggest collaboration issues.

By its design, a primary goal of the DSAT initiative is to achieve this collaboration, yet there is still much work to be done even after four years of planning and implementation. In some ways, the criminal justice and mental health systems do not seem to clearly recognize the indisputable link these offenders present, due to the fact that treatment services are mandated as a result of court involvement. Instead, the two systems appear to continue to focus only on their respective responsibilities. Similar problems are evident in the overlapping responsibilities between the adult misdemeanor and felon systems, in circumstances when they both serve the same offenders. Likewise, the Workgroup members do not typically participate by stating their concerns and developing solutions; rather, they understandably protect their interests, thereby leaving the task of collaboration largely unaccomplished.

Another challenge includes the distribution of certified staff to oversee the local DSAT process. Although having certified staff has reportedly been positive for most localities, decisions about the distribution of these positions, in accounting for local variation, have not always worked so well. DJJ has encountered difficulties when only one certified staff person is assigned to very large program sites. Several DOC probation and parole districts do not have a certified staff person, while others have several, and CBP/PTS programs have very few overall. Offices without certified staff members are reportedly struggling more to handle the workload generated by the initiative.

Furthermore, training was reportedly lacking for the courtroom professionals who make decisions in these cases, specifically judges, Commonwealth's attorneys, and defense attorneys. While many of these court professionals reported being aware of this initiative, the actual receipt of training was much less consistent. These players are notably absent from the Interagency Committee's representation as well, a factor that might explain training deficiencies.

While the modification and/or development of data systems to maintain screening, assessment, and treatment information has been accomplished to some extent for administrative purposes, databases have not been designed to permit assessments of client outcomes or service gaps. For example, there is currently no way to confirm through existing databases whether *Code*-mandated offenders are actually entering the screening client pool. Similarly, although information typically exists in local criminal justice program databases about whether offenders

are referred for treatment, specific details about offender participation in treatment groups or completion status may only be available through reviews of provider treatment files.

The instability of funding sources has also dramatically affected the ability of agencies to accomplish the intent of the DSAT initiative, particularly with respect to treatment referrals and service provision. All participating agencies have experienced substantial reductions in funding for treatment services due to the elimination of SABRE funds by the 2002 General Assembly. Additionally, both DOC and DJJ, who currently receive allocations from the DOAF to implement and operate the screening and assessment process, report that general fund dollars have been reduced by the amounts allocated through the DOAF, thereby reducing funds available for other services. In some instances, DOAF funds may have been re-directed to make up for these general fund reductions. Furthermore, local CBP/PTS programs administered by DCJS process the majority of adult misdemeanants, yet receive no DOAF fund appropriations. VASAP, while included as a recipient in the DOAF legislation, has not accepted any appropriations from the fund, and reports that it handles very few cases as a result of the initiative's implementation. These inconsistencies in funding compromise the initiative's ability to provide reliable services.

## Recommendations

The implementation study identified several areas where improvements should be considered. Evaluators consequently developed a number of recommendations based on the qualitative and quantitative data presented in this report. A review of these recommendations follows.

### Improve Collaboration

***1. The Interagency Committee and the Interagency Workgroup should improve interagency collaboration to facilitate decision-making, as well as interagency operations and assistance.***

Improving interagency collaboration and cooperation is a critical DSAT goal that fosters the ability to achieve all other initiative objectives. The Interagency Committee and Interagency Workgroup were developed to encourage shared decision-making and cross-agency assistance. Early successes towards this end included collaborative approaches to staff training (e.g., DOC and VASAP assisted with training for local CBP/PTS staff), as well as Workgroup review of participating agency protocols. It appears, however, that as the DSAT initiative has progressed, an increased focus on agency-specific concerns may be undermining the Workgroup's ability to collaborate in an effective way. Critical issues for consideration are outlined below.

***a. The Interagency Committee and the Interagency Workgroup should improve collaboration to ensure consistency in the screening and assessment process.***

Although agencies require some flexibility in how the screening and assessment process is implemented, the evaluation identified inconsistencies in the process that should be addressed to avoid undermining the DSAT intent. Variations have been reported in the ways that agencies are using the screening and assessment instruments. For example, at least one probation officer in a majority of the DOC offices in our sample reported administering the self-report version of the SSI, which is not the version that was approved by the Workgroup. Probation and parole districts show variation on the actual modules of the ASI being administered, and DMHMRSAS uses a different version of the ASI that was modified specifically for the CSBs it administers. In addition, several DJJ staff reported administering the SASSI in a group setting, whereas most administer this instrument individually.

Other notable inconsistencies were observed on basic issues of statewide implementation. Although the Workgroup developed a model MOA for all agencies to use, the model was not adopted by DJJ because of similarities between it and their existing MOA. In addition, differing interpretations of confidentiality regulations were observed during site visits (e.g., level of specificity needed to identify parties on the release form). These findings suggest that interagency collaboration, a primary goal of the DSAT initiative, should be enhanced to improve progress toward the consistency goal.

***b. The Interagency Committee and Interagency Workgroup should formalize a process for approving DSAT policy and protocol changes.***

Early in the planning process, the Workgroup established agency protocols using a review process to ensure compliance with the *Code* and interagency consistency, as feasible. Observations of Interagency Workgroup meetings, however, indicated that this process has not been ongoing. On several occasions, state agencies have modified their protocols without review or approval of the Workgroup. Examples include revised instructions from both DOC and DCJS that allow partial administration of the ASI in certain circumstances and modified protocols sent by DMHMRSAS to CSBs no longer requiring administration of the ASI. Such changes defeat the purpose of the Workgroup, circumvent the Workgroup's ability to achieve its consistency goal, and consequently hinder the ability to assess utility of the selected screening and assessment instruments. A formal review and approval process for policy and protocol changes, therefore, should be established at the Workgroup level to ensure consistency, as practicable.

***c. The Secretary of Public Safety, Interagency Committee, and Interagency Workgroup should review current leadership practices for the initiative, and develop strategies to strengthen directed decision-making at the oversight level.***

The majority of Workgroup members noted that Interagency Committee members are far removed from the initiative's state-level processes. Since Committee members are also participating agency heads, lack of awareness about problems which emerge from collaborative Workgroup sessions may hinder efforts to effect procedural changes. The Workgroup should consider strategies to increase involvement of the Committee in the DSAT oversight process. In addition, some Workgroup members suggested that the Secretary of Public Safety's office play a more authoritative decision-making role in the oversight process. As the Committee chairperson, the Secretary can direct Workgroup discussions on important decision points, finalize plans for programmatic or systematic changes, and hold agencies accountable for compliance with these decisions. As part of this process, the Secretary should also monitor each agency's progress toward achievement of the DSAT *Code* mandates, with assistance from the Interagency Committee and Interagency Workgroup.

## **Reduce Duplication of Effort**

***2. The Interagency Committee, Interagency Workgroup, and participating agencies should reduce duplicative efforts to save resources.***

This evaluation identified a number of areas where duplicative efforts are occurring. Duplication seems likely within individual agencies, across criminal justice agencies, and between criminal justice agencies and local CSBs. Redundancy appears during different stages of the process as well. Specific recommendations to reduce duplicative effort are provided below.

***a. The Interagency Committee and Interagency Workgroup should devise policy modifications to eliminate duplicative effort among participating agencies and CSBs. DJJ, DOC, DCJS, and DMHMRSAS should address the reasons for duplication of effort and participate in the policy modification process.***

Evaluation findings revealed that screening and assessment activities, initially performed by local criminal justice agencies, are sometimes being duplicated by local CSBs. In fact, the vast majority of CSB representatives interviewed by evaluators reported repeating assessments that

had already been completed by local probation staff. CSB representatives reported a number of different reasons for this duplication, including the belief that criminal justice officers may not have the time or experience to administer these instruments correctly and the need to meet state licensure requirements. While these concerns are legitimate, this duplication wastes valuable staff and funding resources that could be redirected to enhance limited treatment coffers. The Interagency Committee, Interagency Workgroup, participating state agencies, and local CSB representatives should clearly identify and communicate these concerns and develop strategies to reduce or eliminate duplicative efforts. Input from localities that do not encounter these problems could guide this effort, and resulting remedies should be incorporated into state and local DSAT policies and protocols. In addition, data systems should be enhanced to collect screening and assessment activity from both local criminal justice agencies and CSBs on a case-specific basis. Such data will allow program administrators to better quantify the costs of these duplicative activities, and monitor compliance with new policies.

***b. The Interagency Committee and Interagency Workgroup should closely examine other areas of potential duplication in the system. Agency protocols should clearly outline procedures for information sharing to eliminate any duplication that is identified.***

Some Workgroup members suggested that duplicative efforts are occurring within the participating criminal justice agencies. Potential areas of overlap include:

- Screenings by PTS for charged offenders who may be subsequently convicted and placed under DOC supervision and screened again;
- Screenings by PTS for charged offenders who may be subsequently convicted and placed in a local CBP program and screened again;
- Screening and/or assessments for offenders convicted of both misdemeanors and felonies, who are under supervision by both CBP and DOC probation and parole programs; and
- Screenings and/or assessments for adult or juvenile offenders charged or convicted in multiple localities.

At this time, most state and local database systems are not integrated, which impedes straightforward exchange of such information. Although some protocols direct local information sharing of this type, agency representatives have questioned whether this is, in fact, occurring. While the current study did not examine this question in depth, a detailed review of protocols is warranted to develop consistent expectations and monitoring procedures for this issue.

***c. The Interagency Committee, Interagency Workgroup, and DOC should continue to address duplication of effort in conducting pre-sentence investigations along with approved standardized screening and assessment tools.***

The PSI is DOC's primary investigation and reporting tool and is completed for many felony offenders under supervision by DOC probation and parole districts. Most DOC offenders also fall under the provisions of the DSAT statutes, so the SSI and ASI are also being administered to these offenders. Because the PSI collects much of the same information collected with the SSI and ASI, the administration of all of these instruments results in not only repetitive information collection and data entry, but also in frustration by probation and parole staff because of increased workload demands. In fact, more than half of DOC probation officers reported



collecting duplicative information. Many probation and parole staff also noted being able to identify substance-abusing offenders through the pre-sentence investigation and urine screening process without using the standardized tools. Although DOC is aware of this problem and has reportedly attempted to remedy it, work is ongoing and no solution has been reached to date. In March 2002, DOC's protocol was modified to allow only partial administration of the ASI, although the validity of the ASI has not been verified under these circumstances.

In light of these findings, the Workgroup should also seek solutions that might decrease this duplicative data collection. One possible solution is to examine the utility of any tools that may combine a substance abuse assessment with information that is captured by the PSI, thereby streamlining the data collection process.

***d. The Interagency Committee, Interagency Workgroup, and participating agencies should consider strategies for streamlining the screening and assessment process by conducting a review of the necessary scope of screening activities, as well as the most effective delineation of staff responsibilities.***

As defined by the HB664/SB317 Implementation Workgroup early in the initiative's development, screening should be used to "identify individuals likely to benefit from a comprehensive assessment," and should be "brief and easy to administer." Early in the initiative's planning phase, a lengthy instrument selection process was used to identify screening and assessment tools. The Workgroup reported that the chosen tools had been deemed reliable, and this was a primary consideration in the final decision. Study findings, however, revealed that the majority of probation staff who typically conduct screenings frequently review collateral information prior to administering the screening instrument. This practice may have two significant effects:

- Review of this information, which is generally beyond the scope of the screening tool, may result in time-intensive examinations of detailed offender information by both the screener and the assessor; and
- Use of collateral information at the screening phase may increase the number of scoring overrides and, consequently, inflate the number of assessments needed.

One reason for this review may be because staff members are simultaneously conducting background investigations of offenders, particularly at DOC and CBP/PTS. If reliable screening tools are used, however, reviewing collateral information during the screening process may use valuable time unnecessarily. These findings suggest that the Workgroup and participating agencies should more closely consider the appropriate scope of the screening process, and how staff assignments may lead to duplicated workloads.

### **Enhance Training**

***3. The Interagency Committee, Interagency Workgroup, and participating agencies should take action to improve the availability of training opportunities for judges and attorneys.***

Judges and attorneys, who play important roles in making recommendations and decisions for DSAT offenders, need additional training on the initiative. Over one-third of juvenile court judges in our sample reported receiving no training on the initiative. Sixteen percent of circuit court judges and 21% of general district court judges in the sample also reported no training. No more than 62% of judges from any court type reported receiving training at a mandatory event. Suggestions for judicial training included training for those who have not yet received it, as well as refresher training for other judges.

Although the majority of Commonwealth's attorneys and public defenders reported being aware of the DSAT initiative, only 34% and 23%, respectively, indicated they had received training of some type. Information about DSAT was most often received through informal methods, such as conversations with probation officers, memos, or other written materials. Adequate information on DSAT provisions is sorely lacking for these groups.

***4. The Interagency Committee, Interagency Workgroup, and participating agencies should take action to ensure suitable training for staff who are responsible for administering screening and assessment instruments. The Workgroup should require a report on training remediation from each agency by June 30, 2003.***

In many instances, training received by local program staff at DJJ, DOC, and CBP/PTS does not match actual screening and assessment responsibilities. Twelve percent of DJJ probation officers who typically administer the screening instruments reported that they have not received specific training on these tools. For programs that serve adult offenders, 8% of CBP/PTS staff and 19% of DOC staff who typically conduct screenings reported no training on the SSI Interview Form. Results for the assessment instruments showed similar issues, with 6% of DJJ staff who are responsible for administering the CAFAS, 17% of CBP/PTS staff who typically administer the ASI, and 18% of DOC staff who typically administer the ASI indicating that they had received no training on these instruments.

Surveys also suggested that many staff who are not responsible for administering DSAT-approved instruments have been formally trained to administer them. For the screening instruments, nearly 40% of DJJ staff and more than one-fifth of CBP/PTS and DOC staff not responsible for administering these instruments had participated in formal training. In addition, fairly large numbers of staff reported receiving formal training on assessment tools despite not being typically responsible for administering these instruments. The prevalence of over-training on the assessment instruments is questionable to some degree, as DJJ and DOC received SABRE and other monies to hire specialized staff that would be primarily responsible for conducting assessments. In addition, a majority (59%) of CBP/PTS programs in the sample contracted for assessment services rather than assign the task to existing staff.

While cross-training might be useful for some purposes, training opportunities should be prioritized for staff who are primarily responsible for those activities, particularly in times of limited funding. As a first step, local agencies should identify those staff primarily responsible for conducting screenings and assessments. State agencies should monitor these activities to ensure that the appropriate staff members are trained. Finally, the Workgroup should consider requesting a report on training remediation from each agency by June 30, 2003, to include identification of lingering training gaps and future training plans.

## **Improve Program Models**

***5. To enhance implementation of the initiative statewide, DJJ and DOC should allocate CSAC resources to all local offices in a manner that achieves adequate coverage based on local office needs. If DCJS becomes eligible for Drug Offender Assessment Fund monies, it should likewise make funds available to local programs to establish CSAC/SAS positions.***

Using the funds allocated by the General Assembly for the DSAT initiative, DJJ and DOC established specialized staff positions to support the screening, assessment, and treatment system. Because DCJS was not included as a recipient of DOAF monies, specialized positions were not viable for the CBP/PTS programs it administers. DJJ and DOC chose different ways of allocating these positions, and CSACs/SASs in these agencies described their responsibilities somewhat differently. DOC envisioned a system where all districts would have CSAC coverage to ensure oversight of the DSAT process. However, in prioritizing positions, some high volume offices were provided with multiple CSAC positions while others had no dedicated CSAC. By intent, neighboring offices were to provide assistance to those with no CSAC position, but DOC reported that this has not worked effectively because the availability of time for external assistance has been limited. This situation has also resulted in departures from the DOC protocol, which requires that each office must have a CSAC or licensed clinician to approve all overrides and to oversee DSAT administration. On the other hand, DJJ established a system where each CSU had a dedicated SAS position. This arrangement was intended to provide consistent coverage statewide while permitting SASs to provide oversight and actually conduct most assessments for each CSU. This approach, however, did not factor in issues such as relative workload and geography. Very large CSUs were unable to keep up with the assessment demands, while very small CSUs had few cases that required DSAT activities.

DJJ and DOC should collaborate to identify the positive aspects of their respective strategies and develop a balanced approach that incorporates these elements. This discussion should emphasize the need to establish a consistent level of coverage for differing workloads and the impact of geography on availability for resource sharing. Additionally, DCJS should require local CBP/PTS programs to establish CSAC/SAS positions if funding becomes available.

## **Re-Examine Screening and Assessment Instruments**

***6. The Interagency Committee and Interagency Workgroup should re-examine the instruments that have been selected for implementation, as well as the philosophies behind instrument selection.***

Staff in participating agencies noted concerns with several of the selected screening and assessment instruments. The ASI was generally viewed the least favorably. Sixty-nine percent of DOC probation staff and 44% of CBP/PTS staff felt that the ASI was capturing information that was already collected as part of the pre-sentence investigation process. Complaints about the time required for ASI administration were heard from DOC, DCJS, and VASAP agency representatives, as well as from local program administrators and staff. DOC and DCJS have modified their protocols to allow either variations in the sections of the ASI administered, or exclusion of the ASI in some instances. DOC also reported that, in some cases, placements have

been made without having a completed ASI. CSB representatives raised concerns that the ASI is not a diagnostic tool, and therefore has little utility for identifying appropriate treatment placements. Although DJJ probation officers and SASs generally viewed the SASSI positively, opinions about the CAFAS and APSI were much less favorable. Some staff members questioned whether these two instruments were necessary, given the comprehensive nature of their standard assessment interview.

In addition, statistics derived from the monthly reporting form suggested that staff do not always make referral and placement decisions based strictly on the screening or assessment results. Rather, about 20% of reported cases showed scoring overrides of the assessment results, and similar override figures were noted for screening results. These findings are consistent with staff reports that collateral information is reviewed to make screening and assessment decisions. Although using collateral information is an acceptable practice, the Workgroup should examine whether its use under DSAT, when combined with the time expended to administer standardized instruments, inundates the system with more offenders than it can manageably support.

Given these findings, the Workgroup should revisit the utility of the selected instruments to assess whether they have proved to be optimal choices for the desired purposes, or if other instruments or strategies should be considered for implementation.

### **Consider Legislative Proposals in Key Areas**

***7. The Interagency Committee and Interagency Workgroup should develop and support legislative proposals to include DCJS in the DOAF, and possibly exclude VASAP, which has not accepted such funds in the past.***

DCJS administers programs that provide DSAT services to most applicable adult misdemeanants. While DJJ and DOC receive DOAF funds to support DSAT operations, DCJS does not. It is also worthwhile to note that very few funds collected towards the DOAF are generated from juvenile and domestic relations court; therefore, DJJ reaps large benefits from a fund that is not offset by its offenders, while adult misdemeanants pay into a fund that does not provide them with services. These findings warrant legislative changes to include DCJS as an eligible recipient in the DOAF legislation.

In addition, no rationale seems evident to support VASAP's inclusion as a recipient of the DOAF or as a mandated party in the Committee and DSAT process. As noted earlier, VASAP's participation in the DSAT initiative and this evaluation has been very limited. VASAP has not been an active participant in the Workgroup for the past year, and has effectively removed itself as a recipient of DOAF funds since its inception. In addition, VASAP reports that very few of its offenders are solely applicable under the DSAT statutes.

The Workgroup should draft legislation to add DCJS as a DOAF recipient, and support similar proposals that are in development (e.g., from the Virginia Community Criminal Justice Association). The Workgroup should also consider VASAP's functional role in the DSAT process, and contemplate legislative proposals to eliminate its eligibility as a DOAF recipient. These decisions should be guided by discussions with the Chair and Executive Director of the Commission on VASAP.

***8. The Interagency Committee should seriously consider the most appropriate role of pretrial services in the DSAT process, and propose legislation to enact changes, as appropriate.***

Pretrial services' involvement in DSAT is very different than the other participating agencies. First, their defendants have not been convicted of a crime and are, therefore, presumed innocent. It is questionable whether DSAT resources should be expended on individuals who have not yet been convicted and who, by *Code*, cannot be mandated to comply with the DSAT provisions. Second, PTS felony defendants are under supervision for an average of 92 days, while misdemeanor defendants are under supervision only 62 days on average. These short supervision terms generally preclude enough time to progress through the treatment phase, if needed. Third, as noted above, the DSAT services that are provided by PTS may possibly be duplicative of those provided by other agencies during post-conviction supervision. Finally, because screening and assessment services have not been approved in all localities, the process is not operational across all PTS programs statewide.

Given these complications, PTS offenders may not be the most appropriate offenders for DSAT services, and PTS programs consequently should not be mandated to implement these legislative provisions. However, because PTS works in concert with other probation programs, it could possibly serve a useful function in the process by administering screenings only. This could reduce the resources needed to comply with DSAT provisions for the pre-conviction population, and also eliminate concerns about limited time to complete treatment. To be effective, however, this strategy must ensure that information is shared with both local CBP programs and DOC probation and parole districts in a consistent fashion (see Recommendation 2b).

***9. The Interagency Committee should be expanded to add, at minimum, representatives of the judiciary and legal profession as permanent members. The Secretary of Health and Human Resources should also be added to the Committee's membership. Local program representatives should also be considered for inclusion on a permanent or as-needed advisory basis.***

Evidence from this study suggests that representation on the Interagency Committee should be expanded for several reasons. First, when asked about the current Committee representation, almost all Workgroup members felt that input from additional groups would be useful. Our extended review of the DSAT process, its relevant parties, and the intended outcomes suggest that judges and attorneys, both prosecutors and defense counsel, may be important contributors to the Workgroup's tasks. As noted below, collaboration with the court is also needed for development of strategies to collect more meaningful data about DSAT-eligible offenders. The Secretary of Health and Human Resources should also be added to the membership to facilitate improved collaboration between secretariats.

Finally, Workgroup members expressed the desire for direct input from local programs. Adding local representatives to the group would provide a forum for line staff to discuss difficulties with local collaboration and participate in developing solutions. Local participation could occur on a permanent or periodic basis (e.g., attend quarterly or only as needed). The Committee should also consider whether any membership changes should be accomplished through legislative action, or perhaps more informally.

***10. Because the loss of SABRE funds has dramatically affected the treatment phase of this initiative, the Interagency Committee and Interagency Workgroup should document this impact to inform long-term planning efforts and prepare justifications for possible future funding requests. The Committee and Workgroup should consider innovative ways to address this deficit, including decreased duplication of effort and re-examination of current resources.***

Fiscally sound practices are particularly important to continued DSAT implementation because one component of the initiative, namely treatment, has been deeply affected by funding reductions. Agency reports indicate that the elimination of SABRE funds has severely limited the availability of treatment services, further constricting the initiative's ability to produce the intended outcomes. In addition to reducing duplication of effort, re-thinking the role that existing resources could play might prove useful. Agencies have already reported the implementation of procedures that are intended to save resources. For example, CSACs/SASs, as certified counselors, serve a more critical role as internal service providers in some areas, while other offices have attempted to prioritize costly placements for offenders who would benefit most. The Workgroup should consider such alternative strategies for the best use of available revenues. Two potential alternatives include: 1) proposing legislation to narrow the class of offenders who are required to be screened and assessed under the initiative, and 2) establishing protocols to prioritize offenders for services.

#### **Improve Data for Monitoring and Evaluating DSAT Activities**

***11. The Interagency Committee, Interagency Workgroup, and all participating agencies should work with the Supreme Court of Virginia to develop a process for identifying offenders who are mandated by Code to receive screening and assessment services.***

DJJ, DOC, and CBP/PTS were largely unable to accurately identify the full population of offenders who are mandated by *Code* to receive DSAT services. Without this information, the agencies and evaluators cannot determine the extent of compliance with the *Code* with respect to those offenders who should have been screened, assessed, and referred for services but were not. This is due, in part, to the disjointed nature of most database systems, which contain screening and assessment activity that is not connected to offense information. The Workgroup and participating agencies should develop modifications to database systems and/or collection methods to remedy this problem. The Supreme Court of Virginia should also be consulted to examine the utility of court records to access this information.

***12. The Secretary of Public Safety, in collaboration with the Secretary of Health and Human Resources, should take steps to improve data quality for DSAT cases, thereby providing more meaningful data for evaluation and administrative purposes.***

One stated goal of the DSAT initiative is to establish data systems to maintain screening, assessment, and treatment information. Interviews with agency representatives identified several critical deficits in database capacity, including the inability to identify offenders who should be receiving services but are not and the inability to capture referral and treatment information. This problem is exacerbated by the fact that agencies clearly wish to avoid additional manual data collection, but are simultaneously making little progress on modifying their existing

automated systems to include information that is necessary for program monitoring and evaluation purposes. Another issue is a lack of quality assurance at some agencies. Local offices may enter pieces of information into the database that are clearly in conflict (e.g., an assessment date for an offender which precedes the screening date), but the state agency has no process in place to request and monitor corrections for such information.

The Secretary of Health and Human Resources should also be consulted because persons with substance abuse problems also fall under that office's purview, particularly with regard to education and treatment services. Additionally, SJR 97, passed by the 2002 General Assembly, requests that the Secretary of Public Safety and the Secretary of Health and Human Resources join the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders. This is an area where the Secretary of Public Safety might be able to affect change by issuing stronger directives to criminal justice agencies about the need for improved data collection, more vigilant quality assurance, and critical database modifications.

### **Evaluate Outcomes for DSAT Offenders**

***13. The Department of Criminal Justice Services, Criminal Justice Research Center should initiate an outcome evaluation of this initiative, which may include formal evaluations of selected substance abuse treatment programs for quality and desired outcomes. The Secretary of Public Safety, the Secretary of Health and Human Resources, and DSAT agencies should support this effort.***

Although the current evaluation examined only the implementation of the DSAT initiative, the Interagency Workgroup also requested an outcomes evaluation. The Department of Criminal Justice Services should continue to evaluate the DSAT initiative with particular emphasis on collection of case-specific data in a sample of supervision programs statewide. Although existing database systems are unlikely to be able to exclusively support this effort, participating agencies should make efforts to modify systems to include appropriate monitoring and evaluation data. The Secretary of Public Safety's support of strengthened data systems will be critical to accomplish this task.

A number of questions require review in the outcomes phase including:

- Are mandated offenders actually being screened and assessed as the *Code* requires? If not, who is not being screened as mandated and why?
- What kinds of treatment services are available? Are there gaps in services?
- What is the nature and costs of available treatment services?
- Are offenders completing treatment? Why or why not?
- When is treatment considered to be successful from a mental health perspective?
- To what degree are offenders successfully completing treatment?
- Are court sanctions imposed if offenders are non-compliant? If so, what are these sanctions?
- Does treatment success impact short-term outcomes, such as employment and substance use?
- Does treatment success reduce re-offending?

The DCJS Research Center should develop an evaluation plan to address these questions and submit the plan to the Committee for review. The instability of program funding sources complicates the ability to identify components of the initiative that will be available and/or meaningful to evaluate; therefore, the plan should be carefully constructed to consider this issue. The continuing evaluation effort should be structured to track program outcomes through existing databases and manual data collection, as deemed necessary by the evaluators. The Secretary of Public Safety and the Secretary of Health and Human Resources should support this effort and direct DSAT agencies to assist the evaluators in obtaining data that sufficiently measure program impact.



## Summary

The evaluation results suggested that the Interagency Committee, Interagency Workgroup, agencies and local programs have achieved many accomplishments during the implementation process. Reported benefits from implementing DSAT included enhanced identification of offenders with substance abuse problems, improved ability to provide clinical supervision of substance-abusing offenders, improved awareness of substance abuse issues among probation staff, improved information for members of the judiciary and probation staff to be used in decision-making, and improved availability of both in-house substance abuse treatment services and treatment services more generally.

Evaluators also identified several challenges in the on-going implementation and administration of DSAT. A number of recommendations were made to address these challenges, such as improving collaboration among the state agencies involved in implementation and establishing a formalized decision-making process, including strengthened directed decision-making at the oversight level. In addition, evaluators recommended identifying areas of the screening and assessment process where duplication of effort might be occurring; enhancing the availability of training, particularly for attorneys and judges as well as those typically responsible for screening and assessment tasks; improving program models, to ensure that qualified staff positions are available to complete required screening and assessment responsibilities; and re-examining the utility of the approved screening and assessment instruments. Evaluators also noted the importance of improving data for management and evaluation of DSAT activities. The importance of examining program outcomes to more fully assess the impact of the DSAT initiative on program participants was also discussed.